MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

February 2003

DATA SYSTEMS & ANALYSIS

Data Base and Application Development

Ambulatory Surgery Survey for 2002
MHCC has awarded a contract for $11,340 to MetroData of Hunt Valley to continue support of the Maryland Ambulatory Surgery Center Survey. The contract modifications will fund further refinements in the edit capabilities of the survey and changes to the survey questionnaire. The survey is slated for release in the first quarter of 2003.

Medical Care Data Base Submission Requirements Released for 2003
The data submission support activities are now underway for the data collection due June 30, 2003. Thirty-four insurance companies and HMOs are covered by the data submission regulations for the 2002 Medical Care Data Base.

Data Release for the 2001 Maryland Long-Term Care Survey
The Commission staff will release public use data in early March. The information gathered from the survey will be released by facility type: comprehensive care, assisted living, and adult day care. The information that is collected by the Commission under this survey is aggregated to the facility; no individually identifiable data is collected

Standardized Reports on Sub-Acute Services
Staff met with the representatives from six sub-acute facilities to review sample reports containing information gathered from the survey of sub-acute care facilities. Although the sub-acute survey is used for a variety of internal planning purposes, the MHCC is now working to ensure that information from this important survey is available in useful formats to the industry.

Cost and Quality Analysis

Project Hope Study of Emergency Room Utilization
The MHCC has received a draft copy of Project Hope's final report for this analysis. That draft has been shared with the Maryland Institute for Emergency Medical Services Systems (MIEMSS). We anticipate that the report will be ready for Commission review later this month and will be available for public release at the March meeting. Project Hope's principal investigator on the task order will brief the Commission at the February meeting.

Report on Practitioner Utilization for 2000-2001
The MHCC will release a report on trends in practitioner services in March. The report examines payments to physicians and other health care practitioners for the care of privately insured Maryland residents under age 65. This important analysis is based on the health care claims and encounter data that most private health insurance plans serving Maryland residents submit annually to the Commission as part of the Medical Care Data Base. This is the second year that MHCC has released this spending trends analysis. Results will show continued stability in

private sector payment rates despite the increase of 10 percent in private sector spending. The study will peg private sector physician reimbursement to Medicare payments. Last year's report found that private sector payments were about 104 to 105 percent of Medicare. Given that Medicare payments increased about 5 percent in 2001 and the private sector shows little change, MHCC expects to report that 2001 payments levels are at or below Medicare levels in the state.

EDI Programs and Payer Compliance

EHN Certification
The staff worked with PassPort Health, an electronic health network, on its application for EHNAC accreditation and MHCC certification. PassPort Health is considering delaying their application based upon some internal strategic planning decisions.

EDI/HIPAA Work Group
Staff convened the EDI/HIPAA Workgroup to discuss developing industry awareness tools for providers relating to HIPAA's transaction and code sets requirement. The meeting was attended by approximately 50 industry representatives. Meeting the formatting and data content requirements of the transactions standards will pose a major challenge for many practices. MHCC staff believes that although many practices are taking some steps to meet privacy rules, few have examined the content requirements in the transactions. In some cases, the content requirements will add a host of new collection requirements on practices. MHCC staff believes that it can assist the industry by raising awareness of these requirements just as it has increased knowledge on privacy and security measures.

HIPAA Awareness
During January MHCC staff provided assistance to the following HIPAA covered entities:

- Presented on Maryland's Confidentiality of Medical Records and HIPAA's privacy regulations to the Maryland Pharmacist Association.
- Provided support to Holy Cross Hospital in developing a series of HIPAA privacy in-service programs for its medical and non-medical staff.
- Presented on HIPAA privacy to practitioners and the medical staff affiliated with Suburban Hospital. Suburban Hospital rented a conference room at a local hotel for this event that was attended by approximately 175 people.
- Assisted the Baltimore County Medical Association in developing an EDI/HIPAA awareness session for its membership. The event is scheduled to occur at Sheppard Pratt Hospital in late April. Med-Chi seeks to boost awareness of the transaction and code sets impact on practitioners that will go into effect in October of 2003.
- Conducted a HIPAA privacy workshop for practitioners affiliated with Western Maryland Health Care Systems. The workshop was aimed at providing direction to medical offices in writing their policies and procedures. Approximately 80 representatives attended the meeting.
- Presented on HIPAA's privacy regulations at St. Josephs Hospital. This event was scheduled at the request of physicians that had attended other Commission sponsored HIPAA awareness sessions.
- Worked with the executive director of the Maryland Podiatric Association to develop a HIPAA awareness training session for podiatrists. The two-hour event is scheduled for late February.

- Conducted a "brown bag" question and answer session for medical offices affiliated with Frederick Memorial Hospital. The event allowed practice administrators and billing managers to ask questions related to HIPAA during an extended lunch hour.
- Presented on HIPAA's Administrative Simplification to the Southern Maryland Dental Society. Approximately 85 dentists attended the event.
- Provided members of the Maryland Ambulatory Surgical Association with an overview of the privacy regulations, steps to take to complete a gap analysis, and how to write policies and procedures.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)
At the November 2002 meeting, the Commission approved the proposed regulations to implement one change to the CSHBP, previously voted on at the October 2002 meeting: coverage for residential crisis services. The proposed regulations were published in the *Maryland Register* on January 24th. The comment period will end on February 24th. The Commission will be asked to provide final approval of the regulations at the March 2003 meeting. Upon approval, this change will be implemented effective July 1, 2003.

On January 31st, Commission staff mailed survey packets to all carriers participating in the small group market in Maryland to collect their annual financial data. The deadline for carriers to submit this data is April 4th. Staff will complete an analysis of the survey results, including number of lives covered, number of employer groups purchasing the CSHBP, loss ratios, average premiums as they relate to the 12-percent affordability cap, etc. Staff will present these findings to the Commission in the spring.

Commission staff has developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website at: www.mhcc.state.md.us/smgrpmkt/index.htm. Commission staff is in the process of developing a bookmark describing information available on the small group website. This bookmark will be presented to the General Assembly during the 2003 legislative session.

Evaluation of Mandated Health Insurance Services
At the November meeting, Mercer presented its evaluation of mandated health insurance services as to their fiscal, medical and social impact, along with all proposed mandates that failed during the 2002 General Assembly session to the Commission for release for public comment. At the December meeting, the Commission approved the report for release to the legislature, after some modifications to the Executive Summary. The final report was sent to the General Assembly in January 2003, and is available on the Commission's website at: www.mhcc.state.md.us/cshbp/mandates/finalmercerreport02.pdf.

High-Risk Pool (MHIP)/Substantial Available and Affordable Coverage (SAAC)
In 2002, the General Assembly enacted and the Governor signed HB 1228 under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly created Maryland Health Insurance Plan (MHIP), an independent

agency within the MIA. The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan. The MIA required CareFirst (Maryland and D.C.) to have the last SAAC open enrollment in December 2002. CareFirst complied by advertising the open enrollment period in local newspapers throughout the month of December 2002.

Legislative and Special Projects

HRSA Grant - Uninsured Project

DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a $1.2 million State Planning Grant by the Health Resources and Services Administration (HRSA). HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the state's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be presented to the focus groups for review and modification. Shugoll Research was selected as the vendor to conduct these focus groups. The focus groups were completed on Friday, February 14, 2003, with over 70 employers and 20 brokers participating. A report summarizing the findings from the focus groups is due early March.

This Grant will also fund focus groups for select segments of the uninsured respondents from the Maryland Health Insurance Coverage Survey. The grant team requested a one-year, no cost extension of the project timeline, with an interim report due to the Secretary of the Department of Health and Human Services in June 2003 with a final report submitted in December 2003. The final report must outline an action plan to continue improving access to insurance coverage in Maryland.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups were formed: one to look at issues related to systems changes to be recommended;

one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report, approved by the Commission at the December 2001 meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee. The final report has been approved by the members of the Commission and was submitted to the members of the Maryland General Assembly in January. Commission staff has briefed two Legislative Committees — the House Health and Government Operations Committee and the Senate Education, Health, and Environmental Affairs Committee — on the study. A bill has been introduced in the House to grant medical review committee status to the Maryland Patient Safety Center, as designated by the Commission. This bill would grant protections against legal liability and disclosure of information.

In addition, Commission staff, along with the University of Maryland Office of Research and Development, LogiQ (a non-profit research entity affiliated with the Maryland Hospital Association) and the Delmarva Foundation recently submitted a proposal for a federal grant to fund the creation of a Patient Safety Center. The grant proposal was submitted October 1, 2002.

Facility Quality and Performance

Nursing Home Report Card

Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. The Guide includes a Deficiency Information page, data from the Minimum Data Set (MDS) and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

The Commission participated in the Centers for Medicare and Medicaid Services (CMS) pilot program with five other states from April though early November 2002. At the conclusion of the pilot, CMS conducted a national rollout of the CMS Nursing Home Quality Initiative on November 12, 2002. The Commission's website was subsequently updated in January 2003 to reflect the final CMS Nursing Home Quality measures. The website was also updated to include quality indicator data from January through June 2002. Seven of the ten quality measures reported on the CMS website are featured on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others. CMS is reporting two new measures and one revised measure that are risk-adjusted using a Facility Adjustment Profile (FAP). Two of these measures are currently featured on the Guide without the FAP (Prevalence of Stage 1-4 pressure ulcers for chronic care and Failure to improve/manage delirium for post acute care) as recommended by the Hospital Report Card Steering Committee.

Hospital Report Card

Chapter 657 (HB 705) of 1999 requires the Commission to develop a similar performance report on hospitals. The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31, 2002.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmission rates for 33 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented.

DRG data was recently updated in the Hospital Guide to include admissions occurring between December 1, 2000 and November 30, 2001. Three DRGs that were featured previously are not included due to the small number of hospitals that had 20 or more discharges per DRG. Readmission rates for circulatory system diseases and disorders are featured. The formula used to calculate the readmission rates for all DRGs was altered to better define transfers to other hospitals and excludes "planned" readmissions.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data has been gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter One of 2002, along with the state average, is currently available to that particular hospital. The Delmarva Foundation, our contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the second iteration of the Hospital Guide in Spring 2003.

The Delmarva Foundation was awarded the 'lead state' designation to head a three-state hospital public reporting pilot project initiated by CMS. Delmarva will assist CMS with the following -

- Test the collection and reporting of the JCAHO/CMS performance measure sets
- Test the Agency for Health Care Research and Quality (AHRQ) sponsored standardized patient experience (satisfaction) survey
- Test additional performance measures as determined by the pilot states
- Determine the least burdensome ways for hospitals to meet upcoming public reporting requirements
- Determine how to integrate CMS mandated reporting with existing state level public reporting activities
- Determine how to best involve stakeholders in the development and execution of hospital public reporting activities.

The Hospital Report Card Steering Committee serves as the steering committee for the pilot and has been expanded to include additional rural, minority, payer, and business/employer representatives. The Committee will be the primary vehicle for obtaining input and consensus prior to initiating the state specific activities. The steering committee will also be tasked with providing feedback to CMS on the pilot and identifying barriers to successful implementation.

Hospitals from the three pilot states will take part in a pilot satisfaction survey in March or April 2003. Information from this survey will be confidential. AHRQ will select hospitals in each state beginning in February. The survey will be administered through the mail with follow-up contact made by telephone. In order to obtain a representative sample of hospitals in the pilot satisfaction study, the Commission staff is requiring that each acute care hospital participate in the pilot. This will also satisfy the legislative requirement that the Commission collect satisfaction data.

The Delmarva Foundation hosted a kick-off meeting on February 10th. All Maryland hospitals attended this meeting. Several questions were raised that will be further investigated by the Delmarva Foundation and the Hospital Report Card Steering Committee. CMS has revised their stated projection date for nationwide hospital participation in the satisfaction survey to the summer of 2003. The pilot project will be funded through the Quality Improvement Organization (QIO) for the states chosen for the pilot.

In addition, a national coalition of healthcare organizations, including the American Hospital Association (AHA), the American Association of Medical Colleges (AAMC), the Federation of American Hospitals (FAH), the National Quality Forum (NQF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), announced a voluntary initiative that will encourage every hospital in the country to collect and publicly report quality information.

The "starter set" of measures will draw from three of JCAHO's Core Measure Sets: Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF) and Community-Acquired Pneumonia (CAP). Initially, Maryland hospitals will be able to report measures from just two of the areas (the CHF and CAP measures that are already being collected), but will be strongly encouraged to report from all three as soon as possible. This information, in addition to being on the MHCC website as currently in process, will also be on CMS's website (www.medicare.gov) sometime this summer.

Ambulatory Surgery Facility Report Card

Chapter 657 (HB 705) of 1999 also requires the Commission to develop a performance report for Ambulatory Surgery Facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission is currently developing a web-based report that will be available by April 2003. A separate ASF Steering Committee will be convened to guide the development of the report and will consist of representatives from a multi-specialty facility, a large single specialty facility, an office based facility, a hospital based facility, and a consumer representative. An exploratory meeting was held with a subset of this group on January 28th.

The website will contain structural (descriptive) facility information including the jurisdiction, accreditation status, and the number and type of procedures performed in the past year. The site will also include a consumer checklist, a list of resources, frequently asked questions, and a glossary.

HMO Quality and Performance

Distribution of 2002 HMO Publications

Cumulative distribution: Publications released 9/23/02	9/23/02- 1/31/03	
	Paper	**Electronic Web**
The 2002 Consumer Guide to Maryland HMOs & POS Plans (25,000 printed)	20,631	**Interactive version** 741 visitor sessions **.pdf version:** data pending
2002 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland **(700 printed)**	567	**Visitor Sessions** = data pending

2003 Policy Report (2002 Report Series) –
Released January 2003; distribution continues until January 2004

Policy Report on Maryland Commercial HMOs & POS Plans (1,200 printed)	687	**Visitor Sessions** = data pending

Final Distribution Total
2002 Policy Report (2001 Report Series) –
Released January 2002; distribution continues until January 2003

Policy Report on Maryland Commercial HMOs: The Quality of Managed Care (1,500 printed)	**1,172**	**Visitor Sessions**

Distribution of 2002 Publications

The second phase of mass distribution began in January. This period marks the public release of the *Policy Report on Maryland Commercial HMOs & POS Plans*, the final publication in the series of HMO performance reports. After presenting summary findings to Commissioners on January 16th copies of the report were disseminated to all members of the Maryland General Assembly as the 417th Session convened. Delegate Frank Turner's office requested an additional supply of the report for distribution to groups he will meet with in the coming months.

Division staff put forth a concentrated effort to make the newest report available to interested parties. Recipients included: public libraries, community college libraries, various contacts in other states, project vendors, plan coordinators, and health officers. Traditionally, reference copies of the Policy Report, Comprehensive Report, and Consumer Guide are provided to these groups with libraries receiving additional supplies of the guide during winter distribution. However, to begin assessing distribution patterns among libraries, each jurisdiction received a Policy Report and a copy of the Consumer Guide with an order form attached for each branch.

The order form, developed by staff, allows library branches to determine the volume needed to replenish supplies of HMO materials based on their knowledge of patron volumes and interests.

To accomplish the second wave of mass distribution, staff carried out supporting activities. Cover letters were written, distribution databases updated, and all shipping tasks performed. It remained the procedure of this Division to include bookmarks with all mailings.

2003 Performance Reporting (CAHPS Survey and HEDIS Audit)
The audit/survey process experienced a disruption when the deadline for submission of population files was knowingly missed by one of the plans. The audit contractor, HDC, asked Commission staff to intercede when the file became due and the plan had not provided data, as required. After a series of warnings citing reporting requirements and the need to follow established protocols, an admonishment was issued notifying the plan of its non-compliance, which would subject it to statutory fines if the delay tactics continued. The plan submitted a useable file. The CAHPS survey is back on track and samples have been drawn. The first wave of questionnaires will be mailed in February.

Plans' ability to adhere to the schedule will be closely monitored by Division staff and project vendors. The Commission's Assistant Attorney General was informed about this infraction and will be consulted immediately if further episodes of non-compliance arise.

The MHCC-specific data collection tools were reformatted and the instructions updated (and in one case, newly developed) to improve clarity, thus increasing consistency among data submitted by plans. The MHCC-specific measures to be reported in 2003 by each HMO, data reporting forms, and instructions were sent to each HMO's HEDIS Coordinator.

HDC has been notified that HMO Quality & Performance Division staff will attend the site visits for two plans. Arrangements will be finalized in February for March on-site activities.

Report Development Contract/Policy Report
HMO Quality & Performance staff concluded this phase of the project by reviewing lessons learned from first year experiences with the report development contractor. During a conference call, MHCC staff met with key personnel from NCQA for a debriefing. Among the points discussed was a suggestion for streamlining data acquisition/verification offered by their director of analysis. Currently, data are compiled, formatted, and forwarded to the report development contractor. While the potential for earlier data analysis appears possible, implementation of procedural changes requires further consideration of the details. NCQA will develop a template demonstrating how plans' data will be obtained and formatted for use in this phase of the performance-reporting project.

Initial discussions began between the organizations about employing focus groups to evaluate the use of the *Consumer Guide*. The tentative goal is to conduct a series of sessions in the spring. Division staff created a database to show employer usage, by volume, of the guide in 2001 and 2002. Analysis of these data showed of those businesses receiving copies of the publication, typically the second year order was smaller.

Availability of After-Hours Care and Urgent Care Utilization
After evaluating the shortcomings of data collected in spring 2002 on urgent care, staff compiled a series of questions on urgent care policies. After several revisions, a questionnaire designed to gather descriptive information about plans' policies and definitions of urgent care will be sent to HEDIS coordinators in February.

HEALTH RESOURCES

Certificate of Need

During January 2003, staff issued on the Commission's behalf a total of eleven determinations of coverage by Certificate of Need review. The Commission received notice of the intended transfer of ownership of two nursing facilities; Garden View Nursing and Rehabilitation Center in Baltimore City has been acquired through a bankruptcy settlement by an affiliate of FutureCare Health and Management Corporation, and Shore Nursing and Rehabilitation Center in Caroline County has been acquired by Ruxton Health Care IV, LLC, an affiliate of the corporation that owns and operates a nursing facility in Pikesville, Baltimore County. In addition, during this month staff issued a determination of non-coverage by Certificate of Need review for the acquisition of Personal Touch Home Care of DC by Professional Healthcare Resources of Maryland, Inc., whose parent company is a home care agency from Northern Virginia.

Staff issued a determination of non-coverage to St. Joseph Medical Center for a proposed capital expenditure of $6.5 million, for the renovation of its orthopedic unit, including the reconfiguration of its patient rooms. Once this project is completed, St. Joseph's current 37 semi-private and five private rooms will be converted to accommodate 32 private rooms, with only 9 remaining semi-private rooms. As required by Commission statute, staff sought and received the confirmation of the Health Services Cost Review Commission that St. Joseph can support its commitment not to raise rates related to the project more than the $1.5 million permitted during the duration of its debt service.

During this month, staff also issued seven determinations of coverage related to proposed changes in licensed bed capacity in existing health care facilities. One such proposed action – the permanent closure of a six-bed sub-acute care unit at McCready Hospital in Crisfield, Somerset County – will require that the Commission approve an exemption from Certificate of Need. The Hospital will submit the required notice and related information in the near future. Three of the determinations related to changes in licensed capacity involved requests to remove a specified number of beds from the licenses of three nursing facilities pursuant to the Commission's regulations governing temporary bed delicensures.

Also in January, Ravenwood Nursing and Rehabilitation Center in Baltimore City received notice that the Commission considers abandoned 30 comprehensive care facility (CCF) beds temporarily delicensed more than one year ago. The facility did not notify the Commission by a September 2002 deadline that it would take one of the six actions in regulation to maintain the right to operate the 30 beds in good standing, and has not communicated with the Commission since that time. Likewise, Glasgow Home in Dorchester County failed to preserve in good standing 15 of its 35 CCF beds, which have been delicensed for more than one year, and has received notice that it has abandoned those beds. In the same notice letter, the Commission has authorized Glasgow to delicense its remaining 20 beds, for which the facility has indicated it will seek a buyer.

Acute and Ambulatory Care Services

On January 15th staff met with members of the Hospital Census Survey work group to discuss our initial analysis of the survey of variations in hospital occupancy at peak census times. Staff anticipates that this information will contribute to revisions to the State Health Plan chapter on acute inpatient services.

The first meeting of the Acute Care Hospital Planning Workgroup was held on January 24th. The purpose of this workgroup is to discuss the issues and policy implications raised in the written comments on the draft of a revised State Health Plan chapter on acute inpatient services, COMAR 10.24.10. This draft plan chapter was released for informal public comment on September 20, 2002. The first meeting agenda included a discussion of hospital utilization trends and their impact on the acute care hospital bed need projections, proposed changes to the need projection methodology, and the results and implications of the Hospital Census Survey conducted by MHCC and MHA last September. The discussion focused on the implications of the survey results for revising the target occupancy rates used in the State Health Plan, and whether to repeat the survey. The group also briefly raised the issue of the State's acute care hospital licensure process, which incorporates its own occupancy assumption. The second meeting is scheduled for March 7, 2003.

On January 13thstaff participated in a meeting with health resources division staff and representatives of Peninsula Regional Medical Center regarding the development of that hospital's freestanding Delmarva Ambulatory Surgery Center, which received a CON in 1999.

On January 28th staff from the acute and ambulatory care program, data systems, and performance and benefits met with members of the Ambulatory Surgery Survey Workgroup to discuss needed changes to the survey for the 2002 survey year. With this input, changes have been given to data systems staff that administers the survey. We also discussed with this group the need to form a steering committee to guide the development of the ambulatory surgery facility Consumer Guide, which is being developed by MHCC's performance and benefits staff.

On February 5th program staff attended a public hearing held by Union Memorial Hospital regarding the pending closure of that hospital's obstetric service. Several members of the public and hospital staff attended the hearing. Hospitals are required to provide at least 45 days notice of the intent to close an acute care hospital service and to hold a public hearing when the hospital is located in a jurisdiction with three or more acute care hospitals. Union Memorial has met that obligation, and anticipates closing the service on or after March 15, 2003. Union Memorial has had the lowest obstetric volumes in Baltimore City for several years, currently below the volume threshold in the State Health Plan. The hospital intends to consolidate its heart care services into the vacated space.

Long Term Care and Mental Health Services

Staff held a meeting on January 17th with members of the Hospice Network of Maryland to consult with them on issues relating to data collection for CY 2002. Discussions focused on issues that could be addressed in this year's data collection, as well as more detailed revisions for future years. Staff will continue to meet with members of the Hospice Network as the hospice plan section is updated.

On February 6th staff met with representatives of NAMI (National Alliance for the Mentally Ill) to discuss the need for psychiatric inpatient resources statewide, but especially in Montgomery County. Discussion focused on the need for various services in the community, including residential treatment, crisis beds, homeless services, step-down units, and assisted living, all of which affect the need for inpatient services. Commission staff will continue to work with NAMI and other groups as the acute psychiatric services section of the plan is updated.

The Commission has a contract with Myers and Stauffer to help in the analysis of MDS (minimum data set) data from nursing homes in Maryland. The staff met with Myers and Stauffer by conference call on February 6th to discuss variables in the MDS to use in production of a resident census.

Staff met on February 13th with staff of the Epidemiology Unit of the School of Medicine of the University of Maryland, demographers from Johns Hopkins, and others as part of the ongoing Aging in Place workgroup funded by the Horizon Foundation of Howard County.

Specialized Health Care Services

The Quality Measurement and Data Reporting Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care created a work group to advise the subcommittee on a quality improvement initiative for interventional catheterization labs in Maryland. The Percutaneous Coronary Intervention (PCI) Data Work Group met on February 6th to discuss options for designing the initiative, using a template developed by the Cardiac Surgery Data Work Group. The PCI Data Work Group agreed to hold a teleconference meeting later in February to finalize its recommendations to the subcommittee.

The Interventional Cardiology Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care is scheduled to meet at 3:00 p.m. on Wednesday, February 19th. The subcommittee will review and discuss state health planning policy regarding elective angioplasty and a draft statement on primary PCI.

The Steering Committee of the Advisory Committee on Outcome Assessment in Cardiovascular Care will meet at 6:00 p.m. on February 19th to discuss the proposed final recommendations of the four subcommittees, and options for the structure and composition of an ongoing advisory committee. Meetings of the Advisory Committee are held in Room 100 at 4160 Patterson Avenue, Baltimore, Maryland.

Staff began collecting data on the utilization of bone marrow and stem cell transplant programs in Maryland, the District of Columbia, and Northern Virginia for the fourth quarter of 2002. Programs are required to submit the survey data by February 18, 2003.